

**Virginia Department
of Mental Health,
Mental Retardation,
and Substance Abuse
Services**



**Mental Health, Mental Retardation, and
Substance Abuse Services for People
Who are Deaf, Hard of Hearing,
Late Deafened, or DeafBlind**

**2002 Report
For the Biennium 2000 & 2001
(Next Issue, 2004)**

*Presented by the DMHMRSAAS Advisory Council,
Services to People Who are Deaf, Hard of
Hearing, Late Deafened, or DeafBlind*



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Deaf, Hard of Hearing,
Late Deafened, and DeafBlind**

**Advisory Council Biennial Report
2000-2001**

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Mr. James Martinez
Director, Office of Mental Health
Department of Mental Health, Mental Retardation,
and Substance Abuse Services
PO Box 1797
Richmond, VA 23218

Dear Mr. Martinez:

On behalf of the Advisory Council for Persons who are Deaf, Hard of Hearing, Late Deafened, and DeafBlind, I am pleased to present to you our Biennial Report for 2000-2001.

Since its inception in the 1980's, the Advisory Council's mission has been to provide support, consultation, and technical assistance to the Department of Mental Health, Mental Retardation, and Substance Abuse Services regarding the improvement of services for people who are deaf, hard of hearing, late deafened, or deafblind in Virginia. As you know, the Council has always been very active providing guidance on development of a continuum of services, training, policy, and the identification of resources throughout the Commonwealth for this special population.

The two years, 2000-2001, contained several significant changes and positive transitions for the Advisory Council and Statewide Deaf, Hard of Hearing, Late Deafened, and DeafBlind Services. One of the most prominent changes was the long overdue hiring of our State Coordinator, Randall R. Myers, Ph.D., LCSW, in November of 1999. Since then, Dr. Myers has been working diligently with the Council addressing agency, professional, and consumer issues and concerns throughout Virginia to facilitate communication, education, and the provision of quality care. Dr. Myers has also been working on specific policy regulations in an effort to establish statewide standards of care for the provision of quality mental health, mental retardation, and substance abuse services to consumers who are deaf, hard of hearing, late deafened, and deafblind.

Ongoing and collaborative efforts between Dr. Myers, the Department, and the Advisory Council continue to improve as we build quality mental health and substance abuse services in the Commonwealth for this population. As always, thank you for your support of Statewide Services and your willingness to listen and responsiveness to our concerns.

Sincerely,

Natalie Rinker, Psy.D., Chair,
Advisory Council, Services for Persons
who are Deaf, Hard of Hearing, Late Deafened,
or DeafBlind



Advisory Council



ADVISORY COUNCIL MAJOR ACCOMPLISHMENTS 2000-2001

Establishment of State Coordinator Position

- Randall R. Myers, Ph.D. was hired into newly created State Coordinator position (11/99).
- Clarified roles of State Coordinator, Regional Coordinators, Provider Group, and Advisory Council and collaborate on new directions.

Advisory Council Operations

- Elected new officers: Natalie Rinker, Chair; Susanne Wilbur, Vice Chair, and Michael Bush, Secretary.
- Reviewed and updated the Advisory Council Bylaws and began dialogue for updating mission statement & goals.
- Began discussion of membership expansion to include parents and other children and adolescent advocates.
- Substance Abuse (Dr. Richard Willis, Chair) and Children and Adolescent (Rebecca Ebeling, Chair) Subcommittees established.
- Continued Advisory Council Liaison (Natalie Rinker) to the Mental Health Planning Council.

Input on DMHMRSAS Policy Initiatives and Documents

- Provided input into Comprehensive State Plan.
- Advocated for inclusion of communication language in Human Rights Regulations revision.
- Included language in Mental Health Block Grant report
- Provided input into Departmental Instruction (DI) on facility services
- Advocated for the inclusion of people who are deaf, hard of hearing, late deafened, deaf-blind as Priority Population in Virginia

Special Projects

- Reviewed Interpreter Fees Reimbursement Program activity and approved \$1,500.00 of interpreting funds allocated to the Southwest Forum.
- Consulted on and supported implementation of the Deaf, Hard of Hearing, Late Deafened, and DeafBlind Consumer and Family Involvement Project.
- Supported funding for establishment of southwest case manager position through Cumberland Mountain CSB
- Recommended Alan Miller as representative to DMHMRSAS Youth Suicide Prevention Program.
- Advised on and approved ***Recommended Practices and Resource Guide***.
- Sent representative to Virginia Alliance for the Mentally Ill (VAMI) Convention in Richmond.



ADVISORY COUNCIL SPECIAL PROGRAM AND PROVIDER RECOGNITION

Mr. Michael Bush

The Advisory Council is proud to recognize Mr. Michael Bush for his work this past biennium as the Regional Coordinator in Virginia's Southwest Region.

After a distinguished career as an officer in the Coast Guard working on icebreaking ships, Mr. Michael Bush relocated to Washington, DC and entered Gallaudet's Graduate School to earn his Masters in Mental Health Counseling in 1999.

Hired by Virginia's Cumberland Mountain Community Services Board in September of that year, Mr. Bush provided individual psychotherapy, case management, and crisis services to deaf, hard of hearing, late deafened, and deafblind consumers throughout his region. Mr. Bush served as an educator, consultant, and role model to professionals, agencies, family members, and the community. Upon his arrival, the CSB documented servicing all eight of their deaf consumers and since then, Mr. Bush has provided direct clinical services to over 50 clients with an active caseload of over 30. For the first time in the Southwest Region, Mr. Bush formulated and implemented a regional service model where all clinical services to deaf, hard of hearing, late deafened, and deafblind persons rendered by the local CSBs are centralized with the Regional Coordinator; all CSB crisis staff were trained to work with deaf people and, as a result, crisis calls and interventions involving deaf or hard of hearing consumers increased significantly. Other examples of his leadership and major accomplishments during these two years are as follows:

During this biennial, Mr. Bush provided 36 public presentations and trainings to improve community education and awareness, continuously working with and involving consumers and the deaf and hard of hearing community in his region. For example, an Open House was held where Mr. Bush and Deaf community members hosted a community dinner that aimed to decrease the bias and stigma of mental health services. The successful event was publicized by the local media.

Mr. Bush is one of the founders of the Southwest Virginia Coalition for the Deaf and Hard of Hearing, a regional advocacy group that consists of professionals, and hearing, deaf, and hard of hearing consumers. The Coalition developed and held the first annual Deaf Forum in Southwest Virginia, a successful 2-day conference with an attendance of approximately 215 professionals and 160 consumers. In 2001, the Appalachian Independence Center (AIC) honored Mr. Bush with their annual Jim Meadows Award for his "continued support and assistance in enhancing the lives of persons with disabilities," for his role in co-founding the Coalition and for raising money and organizing the Deaf Forum in 2001.

To expand clinical and professional services in his region, Mr. Bush has pioneered the active



use of the Appal-Link system in Virginia for people who are deaf, hard of hearing, late deafened, or deafblind, providing clinical sessions, assessments, and consultations to consumers living in rural and difficult to reach areas. Appal-Link is a teleconferencing connection using voice or sign language with one or more remote teleconferencing network sites.

Aside from his regional responsibilities, Mike, as a Core member, regularly attends meetings of the Advisory Council, Services to Persons who are Deaf, Hard of Hearing, Late Deafened, and DeafBlind in Richmond, Virginia. In addition to providing consultation, education, and advocacy for consumers and professionals working with this population statewide, he did an outstanding job as the Council's Secretary during this biennial.

As an active member of his community, Mike has a seat on the Board of Directors of the Appalachian Independence Center and the Virginia Relay Advisory Council with the Virginia Department for the Deaf and Hard of Hearing (VDDHH).

Mr. Bush currently lives in Abingdon with his wife and two sons.

In summary, the Council takes this opportunity to recognize Mr. Michael Bush as an excellent advocate, leader, and clinician committed to meeting the mental health and service accessibility needs of the consumers in his region who are deaf, hard of hearing, late deafened and deafblind. He has set a high standard for the rest of the Commonwealth of how to provide optimal mental health, mental retardation, and substance abuse services for this population that has, historically, been seriously underserved. Mr. Bush's enthusiasm, insight, and tireless efforts are acknowledged and appreciated by Advisory Council members, professionals, the consumers, and their families whom he serves.



Regional Programs



Regional Programs

Blue Ridge
Northwestern
Central
Northern
Tidewater
Southwestern



Regional Programs

Description of Services Offered

Outpatient mental health services for people who are deaf, hard of hearing, late deafened, or deafblind are provided through the services of Regional Coordinators, based primarily at Community Services Boards across the Commonwealth. Until recently, there were four Regional Coordinators in Richmond, Staunton, Fairfax, and Roanoke. In 1999, two additional full-time Regional Coordinators were added in Abingdon, VA and Hampton/Newport News, VA bringing the number of Coordinators to six.

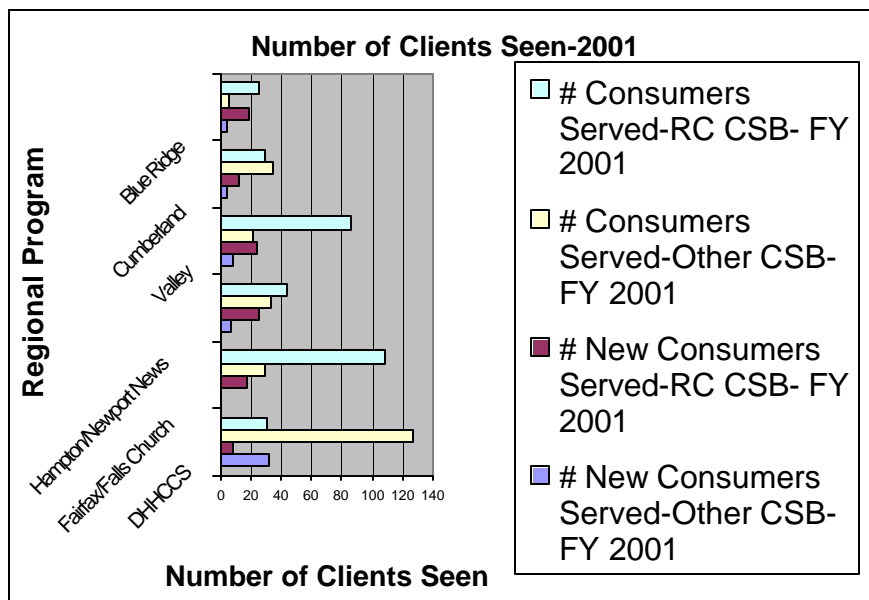
Services Offered

The Regional Coordinators provide the following services in their regions to clients coming to the CSB where they are based, as well as other CSBs in their respective regions:

- Clinical Services: direct psychotherapy services - individual, family, couples, or group; intake assessment; crisis intervention and prescreening; case management services;
- Consultation, technical assistance, and referral to appropriate resources;
- Linking and coordinating services, community training, advocacy, and interagency collaboration



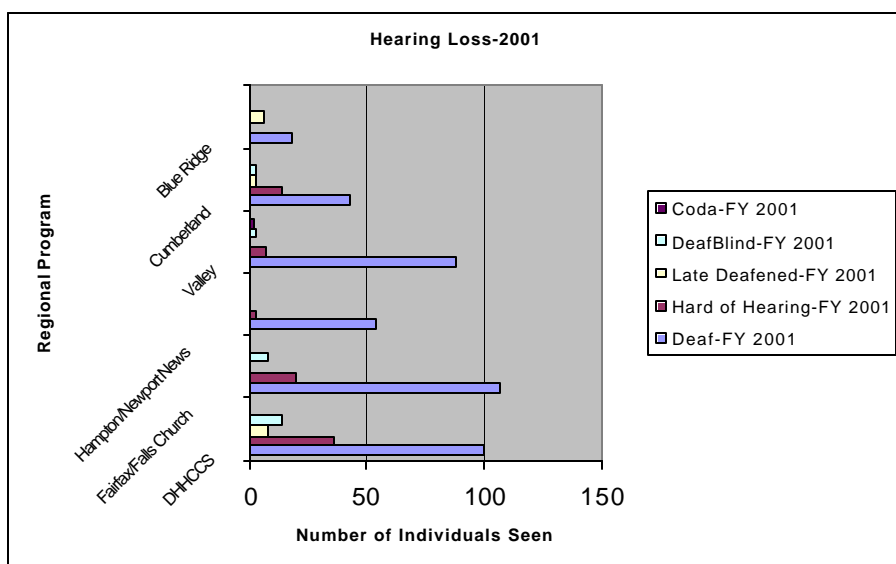
Program Activity



The following eight charts describe the work of the Regional Coordinators in 2001 in terms of number of consumers seen, hearing loss, treatment mode, diagnosis, age, cumulative number of clinical, administrative, and travel hours, waiting list, consultations, and consumers served on other clinician caseloads.

Number of clients seen: Consumers being served by Regional Coordinators may come from their own CSB (RC CSB) or another CSB in their region (Other CSB). The chart above lists the CSBs on the left and the number of consumers seen on the bottom. In 2001, Regional Coordinators, statewide, saw **324** consumers from their own CSB region, **251** from other CSBs in their regions, **105** new consumers from their own CSB region, and **56** new consumers from other CSBs in their region (**Total = 575 on caseload and 161 new**).

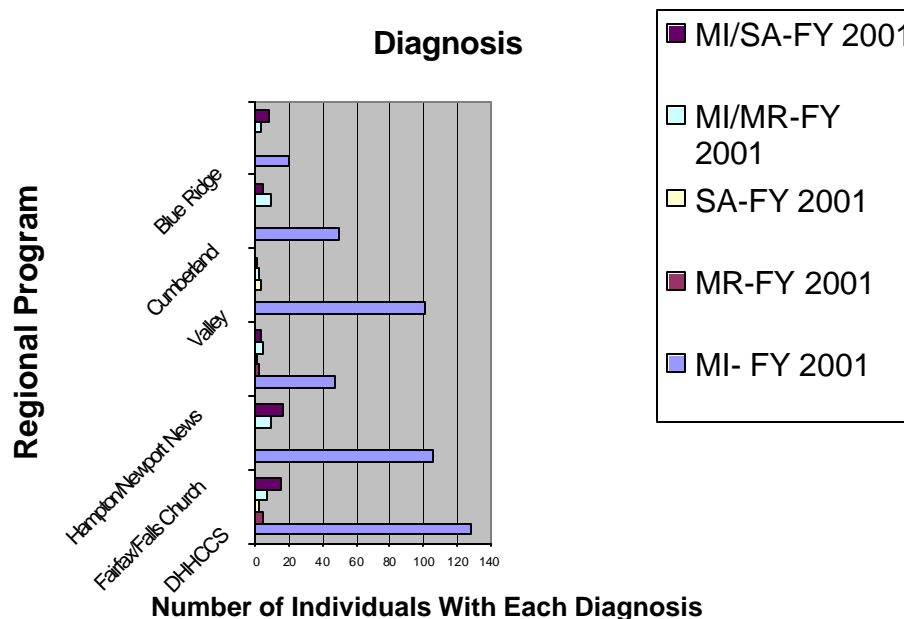
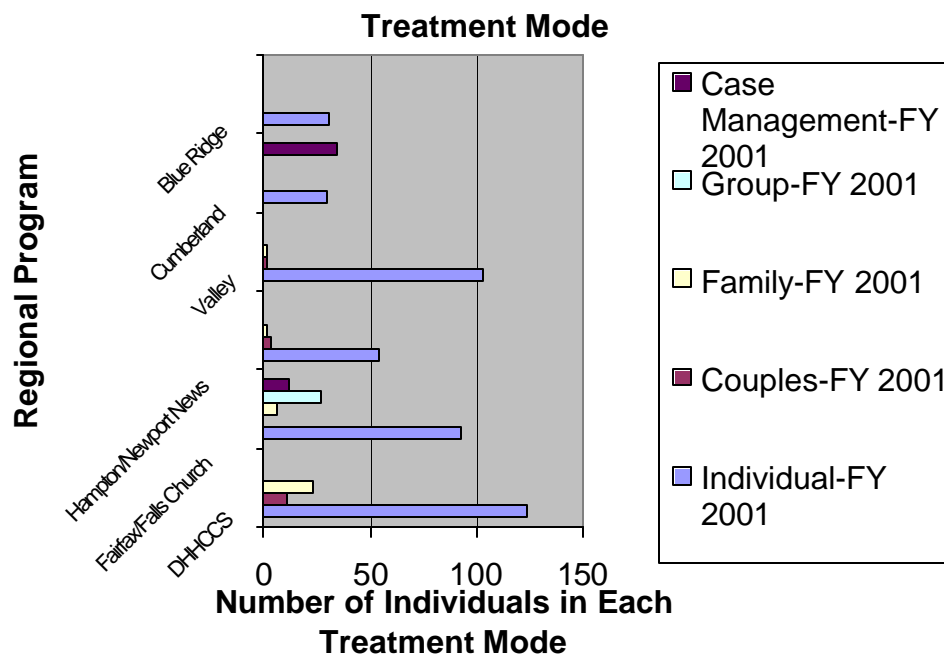
Four of the six programs saw most of their regular and new consumers from their own CSB; the southwest program (Cumberland) saw more consumers from other CSBs. The DHHCCS program, based in the Richmond community, uses



Hearing loss: The chart to the left reveals that most of the individuals seen for services are deaf. Far less individuals seen are hard of hearing and several are deaf-blind.



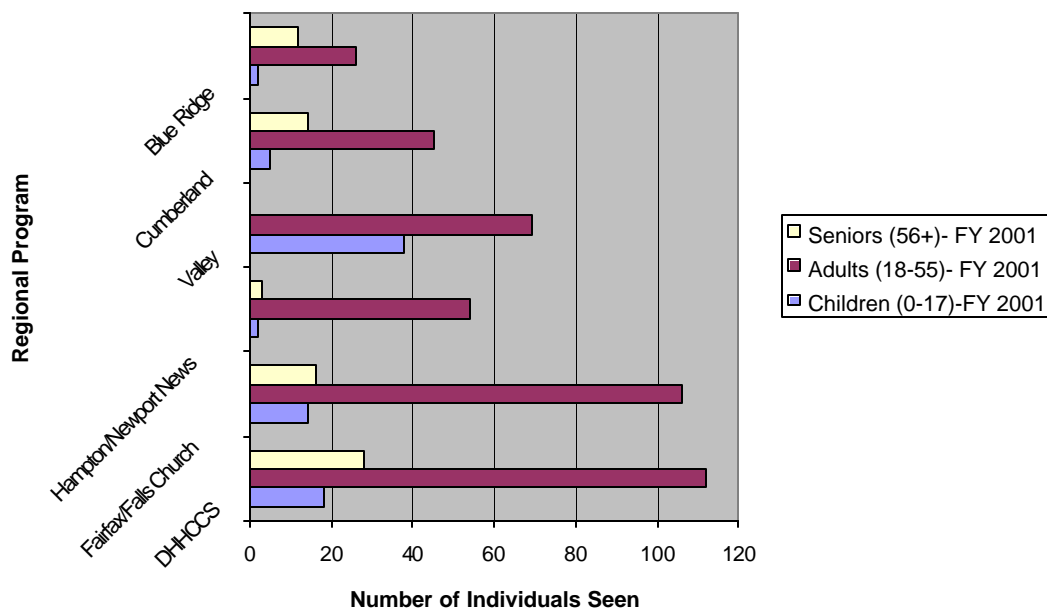
Treatment mode: The chart below shows that most consumers were seen in individual counseling with some being seen in family counseling and couples (DHHCCS), and group and case management (Fairfax/Falls Church).



Diagnosis: In terms of diagnosis (see chart above), most individuals on Regional Coordinator caseloads were identified as having some mental health condition (MI) with several having both mental health and substance abuse conditions.



Caseload Age

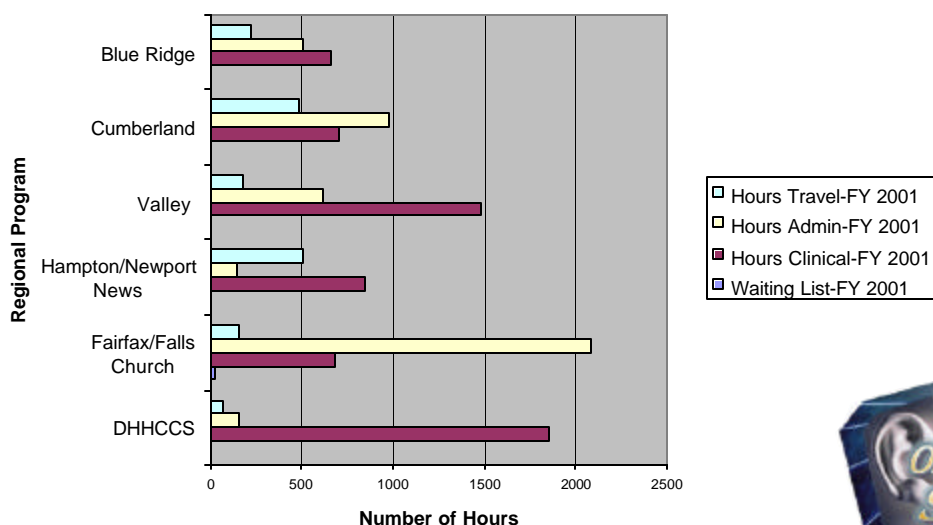


Age: The chart above reveals that all Regional Coordinators were seeing adults in 2001 with smaller caseloads of children. The Valley Program reported the most number of children seen, probably because of the School for the Deaf in Staunton.

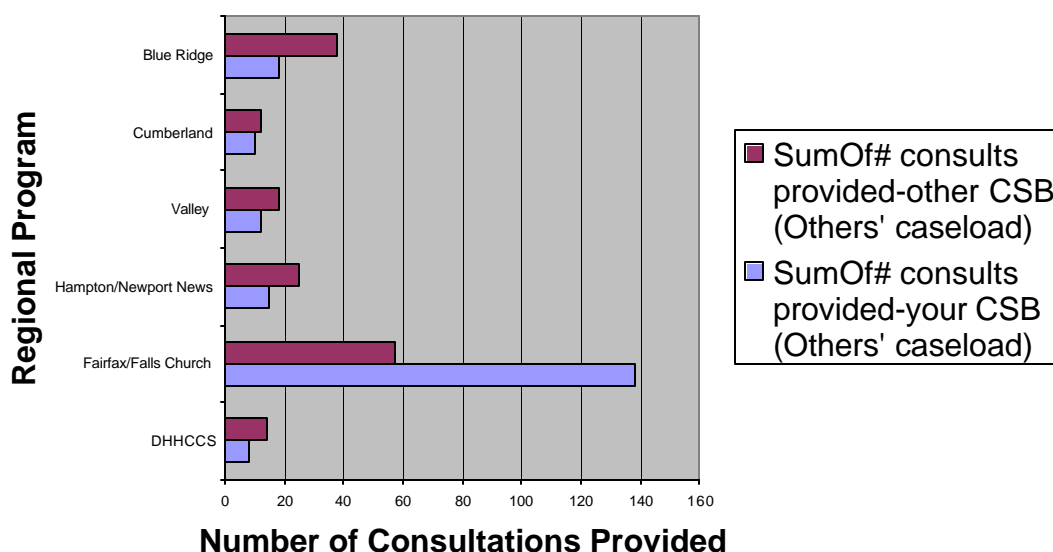
Activity hours and waiting list: The chart below reveals that most Regional Coordinators invested time on clinical matters with the exception of Southwest (Cumberland) and Northern Virginia (Fairfax/Falls Church) who spent more time on administrative issues. It appears that the Southwest and Southeast (Hampton/Newport News) spent the most time on the road traveling to see people.

In Conclusion: Regional Coordinators, statewide in 2001, did individual work with 575 consumers on caseload and 161 new consumers who are deaf adults and children with mental health and substance abuse concerns.

Hours/Activity & Waiting List



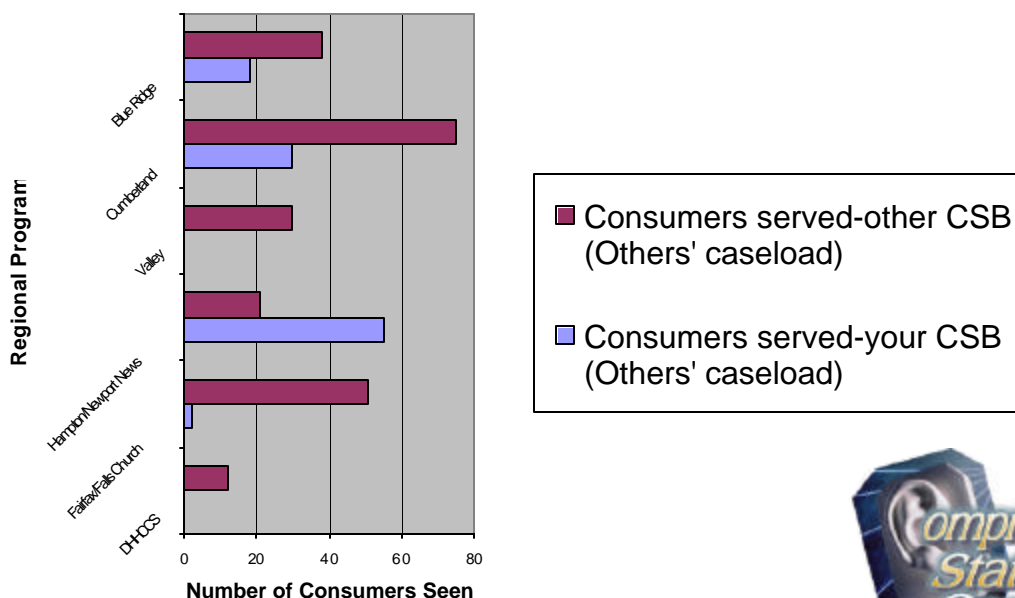
Consultations Provided



Other clinicians: Consumers who are deaf, hard of hearing, late deafened or deafblind are not only served by the Regional Coordinators who are specially trained clinicians. These consumers are also served by clinicians who work cross-culturally with this population. The chart above shows that Regional Coordinators reported that in 2001 they provided a total of 365 consultations to clinicians in their own CSBs and to CSBs in their regions. Fairfax/Falls Church provided the most consultations to clinicians in the region based at other CSBs followed by Blue Ridge in the near southwest.

Finally, the Regional Coordinators reported that 332 consumers (See chart below) were seen by other clinicians at either their CSB or another CSB in their region.

Consumers Seen By Other Clinicians



REGIONAL PROGRAM REGIONAL COORDINATOR AND CLINICIAN LISTING

Kathy Baker
Scott Stewart, Supervisor
Valley CSB
110 West Johnson Street
Staunton, 22401
540-887-3200(V) 540-887-3246(TTY)
540-887-3245(Fax)

Mike Bush
Henry Smith, Supervisor
Cumberland Mountain Community Services
PO Box 486
Lebanon, 24266
540-889-3785(V) 800-347-4939(TTY)
540-889-2842(Fax)

Jeffrey Christensen
Martha Allman, Supervisor
Regional Coordinator
Blue Ridge Community Services
836 Campbell Ave., SW,
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540-342-2086 (V); (540) 344-4427 (TTY)
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757-245-0218(Fax)

Charlottesville Clinician

Susanne Wilbur
Dominic Felix, Supervisor
Social Worker
Children, Youth, and Family Services
116 West Jefferson Street
Charlottesville, 22902
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804-295-2638(Fax)
swilbur@cyfs.org



Cumberland Mountain Community Services Board Regional Deaf Services Program, Southwest

Program Overview.

In July, 1999, Cumberland Mountain Community Services (CMCS) received funding from DMHMRSAS to initiate a deaf services program in Southwest, Virginia. This geographic service area was previously part of a larger region served by Blue Ridge Behavioral Health Services in Roanoke, Virginia. CMCS conducted a nationwide search for qualified applicants and hired Michael Bush as the Regional Coordinator (RC) in September, 1999. At program inception, there were 8 deaf consumers identified or currently being served by one of the five Community Services Boards in the region. Since that time, the Regional Coordinator has provided direct clinical services to over 50 clients and now has an active caseload of over 30 clients. The enormous growth in clinical services is due primarily to a strong outreach program and outstanding cooperation, support, and interest among the following five Community Services Boards in the region: Cumberland Mountain Community Services; Highlands Community Services; Dickenson County Community Services; Mt. Rogers Community Services; Planning District One Community Services.

Regional Background

The Southwest region of Virginia is unique from other areas of the state. Embedded in the steep slopes and high plateaus of the Appalachian Mountains, there are no major cities or metropolitan areas, and there is no system of mass transportation. Containing the poorest counties in the state, many residents struggle to find adequate housing and to maintain employment. Community resources are relatively limited and many persons travel significant distances to find adequate medical care. Within this setting, there is a community of persons who are deaf, hard of hearing, late deafened, and deafblind. Like most deaf communities, the deaf community in the Appalachian Region values coming together to socialize with other persons who communicate in sign language. Despite the desire to socialize, the community struggles due to the raw size and rural nature of the region. Access to community resources for persons with a hearing loss is relatively non-existent. Within a population base of approximately 400,000 people, there is only one nationally certified sign language interpreter. She is available only on evenings and weekends.

Clinical Services

The Regional Coordinator provides individual psychotherapy, case management, and crisis services deaf and hard of hearing persons in the region. The RC also provides consultation on cases across the region, networks and advocates to increase community resources, and provides community education on serving this population. In doing so, he travels approximately 1,500 miles per month in a personal vehicle, as clients are spread across a region that takes approximately 4 hours to traverse from east to west. The program is extremely fortu-



nate to employ Dr. Jana Dreyzehner, a sign language skilled psychiatrist, who specializes in working with children and persons with mental retardation. She provides psychiatric evaluations and medication clinics for deaf and hard of hearing clients and consultation and clinical supervision to the RC. Both professionals rely on the Appal-link teleconferencing system located at ten sites around the region. This teleconferencing network increases the capability of the team to efficiently serve clients across the region.

Major Accomplishments

Regional Service Model: In close coordination with other CSBs, CMCS developed and implemented a standard system of serving deaf and hard of hearing clients throughout the region. Each client being served by the program has a case opened to CMCS where charting, billing, and clinical accountability are centralized with the RC.

Community Education: The RC provided 36 public presentations and trainings to a wide range groups, including the SWVA Board for Behavioral Health, CSB staffs at every level, schools, deaf clubs, consumer groups, Independent living Centers, etc.

Standardized Crisis Services: Trained all CSB crisis staffs in the region on serving persons with a hearing loss. The RC has worked closely with CSB crisis staff during evenings and weekends and has prescreened over 20 clients in this two-year period.

Southwest Virginia Coalition for the Deaf and Hard of Hearing: The RC is a founding member of the Southwest Virginia Coalition for the Deaf and Hard of Hearing. The "Coalition" is a regional advocacy group consisting of consumers and professionals who are 75% deaf or hard of hearing.

The Deaf Forum: In cooperation with the Coalition, the RC participated in fund raising effort which yielded \$18,500 to host the SWVA Forum for the Deaf and Hard of Hearing in April, 2001. This two-day conference provided specialized training and workshops to 215 area health professionals and to 160 consumers.

Advisory Council Participation: The RC served on the Advisory Council in the position of Secretary and advocated for key issues such as the expansion of deaf and hard of hearing communication rights in the updated Human Rights Regulations.

Community Outreach: In cooperation with the deaf community, the Regional Program hosted community "Open House" dinner events to discuss and de-stigmatize mental health services and conducted an public relations campaign involving local newspapers.

Future Growth Initiatives for 2001-2002

Case Management Position : With an active caseload of 30 clients, and an average referral rate of two new clients per month, the program is growing rapidly. In response, CMCS seeks to hire a sign fluent case manger for the deaf and hard of hearing. Start-up funding will be sought in the fall of 2001 from DMHMRSAS to initiate this expansion.



Hampton-Newport News Community Services Board Regional Deaf Services Program, Southeast

Program Overview

In July 1999, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) allocated funding to the Hampton-Newport News Community Services Board (H-NNCSB) to develop a Regional Deaf Coordinator position. The purpose of the position is to provide psychotherapy services, resources, education, light case management and referrals to the existing services on a Regional basis. The H-NNCSB conducted a statewide search for qualified applicants and hired Dominique McLaughlin, a graduate of Gallaudet University's Mental Health Counseling Program. In addition to the H-NNCSB, there are a total of eight other Community Services Board in which the Regional Coordinator provides services to: Chesapeake Community Services Board, Colonial Community Services Board, Eastern Shore Community Services Board, Norfolk Community Services Board, Portsmouth Behavioral Healthcare Services, Virginia Beach Community Services Board, Middle Peninsula-Northern Neck Community Services Board and Western Tidewater Community Services Board.

Mission Statement

The mission of the H-NNCSB's Regional Deaf Services Program is to provide culturally affirmative services to those consumers within the Tidewater Region. These services are designed to address the specific cultural and communication needs of deaf, hard of hearing, late deafened and deafblind consumers.

Clinical Services

The RC provides individual psychotherapy, case management, and crisis services at the H-NNCSB and provides specialized individual psychotherapy and consultative services to CSB clients in the Tidewater Region. The H-NNCSB incorporates other services such as Residential, Psychosocial Day Treatment, and Vocational Services. The H-NNCSB is also fortunate to have a psychiatrist, Dr. Baltej Gill, who has extensive knowledge of deaf culture and has been treating deaf consumers for more than 13 years at the H-NNCSB. Dr. Gill provides psychiatric evaluations and medication management, along with a great team of nurses. Other services provided to deaf, hard of hearing, late deafened and deafblind consumers are outlined below:

	<u>FY 2000</u>	<u>FY 2001</u>
Case Management	11	11
Psychosocial Day Treatment	17	18
Vocational	5	4
Residential	15	15
Counseling/Psychotherapy	16	28
Medication Management	12	17

The RC travels approximately 700 miles per month providing individual psychotherapy and family counseling. The RC also provides consultative services to case managers, therapists and hospital staff in the Tidewater region. The RC has worked hard to develop relationships

with clinicians by networking, advocating and increasing community awareness and resources for the Deaf community.

Regional Coordinator Accomplishments

Regional Service Model: Like many other CSB's throughout the State, the H-NNCSB has been able to implement a Regional Service Model that allows for a standard system of serving deaf, hard of hearing, late deafened and deafblind consumers throughout the region. Each consumer receiving services has a case opened to the H-NNCSB with coordination with their "home" CSB.

Advisory Council Participation: The RC participates in quarterly meetings of professionals whose goal has been to provide support, consultation, technical assistance and at times, education, to the DMHMRSAS regarding comprehensive mental health services to consumers who are deaf, hard of hearing, late deafened and deafblind.

Provider's Group: The RC participates in a quarterly group of other mental health providers who expertise has assisted in the development and expansion of creative services for those consumers in the Tidewater region. The Provider Group has also provided a forum for the discussion of issues related to the provision of direct clinical services to individuals who are deaf, hard of hearing, late deafened and deaf blind.

Ongoing Collaboration: The RC has provides ongoing collaboration, referral and consultation to the following agencies: CSB's and Behavioral Healthcare Services in the Tidewater Region, The Department of Social Services, Department of Rehabilitative Services, Riverside Hospital, Hampton Sentara Hospital, Peninsula Behavioral Center, Va Beach Psychiatric Center, VA School for the Deaf, Blind and Multi-Disabled, Social Security Administration, Probation and Parole, Hampton City Jail and Newport News City Jail.

Regional Deaf Services/Consumer Accomplishments

Sign Language Classes: The deaf consumers who are involved in the Psychosocial Day Treatment Program, Lassen House, teach weekly sign language class to hearing consumers to promote interaction between deaf and hearing consumers and to break down communication barriers. A qualified sign language instructor also teaches our staff to become more proficient in sign language.

Growth Initiatives for 2001-2002:

Licensure: The RC continues to work diligently towards licensure as a Certified Substance Abuse Counselor and a Licensed Professional Counselor. Anticipated date of completion is September 2002.

P/T Case Management Position: With an active caseload of more than 25 consumers and an average referral rate of three new consumers each month, the Regional Deaf Services Program is steadily growing. Residential Services will soon employ a P/T case manager to work with deaf residents, as well, as any other deaf consumers who need case management services.



Fairfax-Falls Church Community Services Board Regional Deaf Services Program, Northern Virginia

Program Overview

Funding for the inception of a Deaf Services Unit in Northern Virginia was allocated to Fairfax Falls-Church Community Services Board in 1987. Deaf Services was set up at Mental Health Services, Springfield Site, and a half-time Regional Coordinator position was created to cover the five Community Services Boards in Northern Virginia. Over the years, this part-time RC position became full-time. Later, a half-time Mental Health Therapist, Deaf Specialist position was added when the workload increased. As the population continued to expand, this part-time position was increased to full-time to meet consumer needs. The program currently consists of Rebecca Ebeling, Regional Coordinator and Tasha Moran, Mental Health Therapist, Deaf Specialist.

Regional Background

Northern Virginia is situated close to Washington, DC and Gallaudet University. It is a metropolitan area with a significant number of deaf, hard of hearing, deafblind and late deafened residents. This region consists of five Community Services Boards and serves the counties of Fairfax, Arlington, Loudoun, and Prince William, as well as the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park. As the stigma of mental health and substance abuse slowly decreases, the number of consumers searching for services increases. There is a thirst for information and psychoeducation related to mental illness and addiction. Consultations have increased astronomically due to the strong liaisons created between the Community Services Boards and other hearing loss-related resources and professionals.

Clinical Services

The Regional Coordinator position consists of both clinical and administrative duties. Clinical duties include the provision of counseling for individuals, couples, families, and groups; case management; consultation, and referrals to consumers of Northern Virginia. Administrative duties include program management, advocacy, community education, staff development, and interpreter coordination. The Mental Health Therapist, Deaf Specialist, provides clinical services to the consumers of Fairfax Falls Church Community Services Board area. The majority of the clients on the RC's caseload are residents of the Fairfax Falls Church Community Services Board catchment area. Clients with hearing loss from the other four CSB's are largely served within their home area. Currently, Prince William CSB contracts with service providers who have expertise in the field of deafness. The other CSB's provide services via sign language interpreters or other means.

Major Accomplishments

Full-time Deaf Specialist Therapist Position: As the workload increased, the need for a full-time clinician was recognized. The half-time position was increased to full-time in November 2001.

Liaisons: The development of liaisons with Entry and Referral Services, Emergency Services, and Alcohol and Drug Services as well as with the Central Office at DMHMRSAS,

has ensured a strong relationship with Deaf and Hard of Hearing Services. Along with these critical internal liaisons, ongoing interagency liaisons are maintained. Critical professional players are the Rehabilitation Counselor for Deaf and Hard of Hearing Persons from the Regional Department of Rehabilitation; Deaf Services Specialists from Psychiatric Rehabilitation Services; and the Rehabilitation Counselor for Deaf Blind Persons from the Regional Department for the Blind and Vision Impaired.

Staff Development: Presentations were provided to Crisis Care Services and Emergency Services as well as to several groups of interns from the Fairfax County Mental Health Training Program and the Pre-Doctoral Clinical Psychology Program at Fairfax-Falls Church Community Services Board.

Community Education: Presentations were made to each of the CSBs in Northern Virginia regarding the provision of services for consumers with hearing loss.

Advisory Council Participation: In addition to representing Northern Virginia on the Advisory Council, the RC was chair of the Child and Adolescent Services Subcommittee.

Northern Virginia Resource Center for Deaf and Hard of Hearing Persons : In addition to being a training co-presenter with the staff from NVRC, the RC is a member of the NVRC Board of Directors.

Virginia Department for the Deaf and Hard of Hearing : As a representative of professionals in the field of hearing loss, the RC was Chair of the VDDHH Advisory Board.

Future Growth Initiatives

Substance Abuse Expertise: Because there are no provisions for clients with substance abuse, the therapists in Deaf and Hard of Hearing Services have undertaken this duty. More training would ensure quality services for this population.

Specialized Residential Program: Psychiatric Rehabilitation Services has begun an initiative to fund a 4-bed residential setting specifically for members with hearing loss. Deaf and Hard of Hearing Services will work with them to support this effort.



**Deaf and Hard of Hearing
Community Counseling Services
Regional Deaf Services Program, Richmond, Virginia**

Program Overview:

Deaf and Hard of Hearing Community Counseling Services began with the concept of providing comprehensive outpatient mental health services, accessible to persons who are deaf, hard of hearing, late deafened, deafblind, and their families. The program has been administered since 1981 by Challenge Discovery Projects, a private, non-profit organization. DHHCCS was the first agency of its kind in the state of Virginia and originally provided statewide outpatient mental health services. Over the last several years regional programs have been established throughout the state to assist with these services. Presently DHHCCS is a regional program serving the Richmond metropolitan and central Virginia areas. Professionals here are trained in the psychosocial aspects of deafness and are fluent in sign language. Provision of counseling services in sign language allows deaf individuals to express their needs and problems comfortably and in their native language. Special listening assistive devices are utilized upon request to facilitate clear communication with persons who are hard of hearing. Additionally other accommodations such as sign language interpreting services and CART are used in the therapy process as needed. Occasionally these services are combined when conducting group psychotherapy with consumers who communicate in a variety of modalities.

Clinical Services:

DHHCCS services include individual, family, couple and group psychotherapy in addition to case management and crisis intervention for persons who are deaf, hard of hearing, late deafened and deafblind. DHHCCS provides consultation to federal, state, local agencies, private offices, schools and individuals concerning the service needs of this target population. During January 2000 – December 2000 123 persons were served, and during January 2001 – December 2001 109 persons were served either through individual, family, couple or group psychotherapy settings.

Major Accomplishments :

Developed and implemented psychotherapy groups for deaf and hard of hearing children at Fisher Elementary and Henderson Middle Schools.

Presented at Virginia Registry for Interpreters for the Deaf on mental health interpreting.

Developed and implemented monthly psychotherapy/women's support group for deaf, hard of hearing and late deafened women.

Presented at Fredericksburg RID with Dr. Natalie Rinker on "Misconceptions of Interpret-



ing.”

Participated and presented to a regional program for school aged deaf, hard of hearing, deaf-blind children at a special event hosted on the Annabelle Lee.

Presented at the MCV/VCU Spring Forum on serving children who are deaf and seriously emotionally disturbed.

Served on the Virginia Treatment Center for Children Advisory Board and participated in the development and opening of the VTCC inpatient mental health program for deaf, hard of hearing, deafblind children.

Presented and networked with Richmond Behavioral Authority, Chesterfield Mental Health, Hanover Mental Health, Goochland, District 19 CSB.

Presentation to the Richmond SHHH on Practical Strategies in Coping with Hearing Loss.

Organized and held two annual DHHCCS Bowl-a-thon events. The largest event was in 2001 with over 60 participants which included deaf, hard of hearing, late deafened and deaf-blind consumers, interpreters and other supporting community members.

Collaborated with regional providers, consumers and their families as well as agencies providing services to DHHCCS target population for the purpose of developing the “Healthy Life Styles: Mental Health Symposium,” funded by DMHMRSAS.

Presented at Richmond SHHH on “Survival Signs for Family Communication for Hard of Hearing and Late Deafened Individuals.”

DHHCCS served on the Mental Health Advisory Council, the Consortium on Deafness and the Statewide Regional Provider’s Group advocating for coordination and improvement for mental health and related services for the DHHCCS target population.



Blue Ridge Behavioral Health Regional Deaf Services Program

Program Overview

Jeffrey Christensen, M.A. replaced Kathy Alexander in 2001 as the Regional Coordinator in the Blue Ridge Region. The Regional Deaf Services Program is growing as efforts to build relationships with the six CSBs and establish a presence in each community continue.

Major Accomplishments

CSB and Community Education

- Presentations and in-service trainings for administrative, clinical, case management, and crisis team staff at CSBs in the region;
- The program continues to work closely with CSB hospital liaisons, WSH admissions office, and the Deaf Unit treatment team to ensure proper continuum of care as clients admitted for inpatient services plan for discharge, outpatient services, and transition back into their communities;
- Outreach and case consultations with various providers, including Pathways program at Virginia Baptist Hospital in Lynchburg, human rights hearing conducted by the LHRC at WSH,
- Outreach to allied providers and consumer organizations such as New River Valley Community College, Self Help for the Hard of Hearing (SHHH), and participation in the Forum on Deafness in Abingdon.
- Published in an email newsletter to both consumers and professionals across the region describing the program and its services.

Special Project: Consumer and Family Involvement

- The Deaf Services Program received a \$10,000 grant from the Office of Consumer Affairs for use on outreach and training to consumers and their families. The program worked with CSB liaisons to form a regional planning committee to plan for a regional consumer psycho-educational training.

Statewide Deaf Services Involvement

- The program continues to attend and participate in Advisory Council meetings, and Provider Meetings to network with the Statewide Coordinator for Deaf Services, other Regional Coordinators, other mental health providers, as well as advocates and consumers to plan and provide appropriate services.

The Regional Coordinator also provides regular in-service trainings at BRBH including the weekly provision of sign language classes combined with basic training in hearing loss and its bio-psycho-social effects on the lives of our clients, available to all interested staff.
(Attendance varies between 8-12 weekly).



Valley Community Services Board Deaf and Hard of Hearing Services

Valley Community Services Board (VCSB) Deaf and Hard of Hearing Services continues to serve as the regional program for mental health services to persons who are Deaf, DeafBlind or Hard of Hearing in Health Planning Region I (HPR I). Services within the VCSB include individual and family therapy for mental health and substance abuse. Case management services to seriously mentally ill clients are provided. Consultation and referral services within the VCSB and community are ongoing.

Deaf and Hard of Hearing Services is represented within the community by membership in a number of committees. The Coordinator of Deaf Services continues to maintain an active involvement with local chapter of the President's Committee on Disability Employment Awareness. Committee membership is also maintained in the Statewide Providers of Mental Health Services to Persons who are Deaf, DeafBlind or Hard of Hearing and the Advisory Council of the Mental Health Services to Persons who are Deaf, Deaf/Blind or Hard of Hearing. In addition, the Coordinator facilitates a community-wide Networking Consortium of service providers who work with persons who are Deaf, DeafBlind or Hard of Hearing. Co-operative working relationships are also maintained with the Department of Rehabilitative Services, the Deaf Services Unit at the Woodrow Wilson Rehabilitation Center and Western State Hospital, Mental Health Center for the Deaf and Virginia School for the Deaf and Blind-Staunton to provide coordinated mental health services.

During this fiscal year, VSCB extended direct services to the Northwestern Community Services Board in Winchester. In addition, direct services were set up at the Woodrow Wilson Rehabilitation Center by establishing a satellite office. As of this time, there are direct services offered to three of the Community Services Boards in HPR I. The remaining Boards continue to receive information and consultation for providing services to persons who are Deaf, DeafBlind or Hard of Hearing.

In addition to the direct services provided in the three clinics of the Community Services Boards, there are also direct services provided at the Virginia School for the Deaf and the Woodrow Wilson Rehabilitation Center.

Services provided during this year in addition to the direct mental health services include assisting a domestic violence program to offer accessible services to a hard of hearing client and assisting other mental health and substance abuse service providers in offering accessible services by using interpreters or contacting providers who could communicate with the client directly.



Statewide Programs

Statewide Programs

Services to People Who are Deaf, Hard of Hearing, Late Deafened, or DeafBlind



**Mental Health Center for the Deaf,
Western State Hospital**

**Lassen House and Residential Programs,
Hampton/Newport News**

Interpreter Reimbursement Program

Statewide Coordinator



STATEWIDE PROGRAMS

MENTAL HEALTH CENTER FOR THE DEAF, WESTERN STATE HOSPITAL

As a part of DMHMRSAS' overall mission to enable all Virginians with mental illnesses to live in the least restrictive environment possible, the Mental Health Center for the Deaf at Western State Hospital seeks to promote the mental health and independent living of deaf, hard-of-hearing, late deafened, or deaf-blind persons who are admitted for psychiatric hospitalization.

MENTAL HEALTH CENTER FOR THE DEAF ANNUAL REPORT

July 2000 – June 2001

The Mental Health Center for the Deaf at Western State Hospital seeks to promote the mental health and community living of people who are deaf, hard-of-hearing, late deafened, and deaf-blind admitted for psychiatric hospitalization and rehabilitative services, including assessment, diagnosis, treatment, forensic evaluations and related services, substance abuse evaluations and related services, and training programs to increase self-care and self-control skills.

Accomplishments

DEAF TREATMENT MALL

In August of 1998, we implemented the formal active treatment mall with a specialized focus for people who are deaf. This treatment mall is in operation 20 hours per week. All professional staff participate as group leaders. Individual and group therapies are offered. Deaf patients also attend substance abuse classes, AA meetings, vocational training, school, and workshops. Some patients attend Woodrow Wilson Rehabilitation Center as day students. Others attend Vector Sheltered Workshop.

During 2000-2001, the MHCD Treatment Mall schedule became computerized. The MHCD mall groups are numbered within the overall WSH PSR computer system. The frequency of specific groups can be tracked as can group attendance. We can also track the qualitative participation ratings (0-5) for each patient in each group

FORENSIC EVALUATIONS

Dr. Richard Willis joined the MHCD staff in this biennium, completed all required Forensic Examining Training, and is in the pool of credentialed Forensic Examiners. He provided three jail consults to the Staunton Correctional Center for concerns of deaf inmates and three forensic evaluations on deaf defendants.

STAFF ACTIVITIES AND CONTINUING EDUCATION

Susan Argenbright was hired as a full-time team leader in August 2000.

All staff attended a retreat October 4-5, 2000. The focus was increasing staff knowledge base in deafness.

The following in-services were held on the unit:

- Deaf blindness – Department of Visually Handicap (10/25/00)
- TTY/Deaf Devices (12/13/00)
- Forensic Documentation and Issues (4/6/01)
- Post Traumatic Stress Syndrome (6/13/01)

Two signing classes are held each week for beginner and intermediate students, regularly addressing Deaf Culture issues.

INTERPRETING SERVICES

Lisa Surber joined MHCD staff March of 2001 as the second full-time interpreter.

OUTSIDE CONSULTATIONS & LIAISON ACTIVITIES

Dr. Haskins and Dr. Willis continue to provide ad hoc client consultations to WWRC, Valley CSB, Commonwealth Center for Children, and various other CSBs, courts, attorneys, and individuals.

PROFESSIONAL AND SERVICE DEVELOPMENT

Dr. Haskins, Dr. Willis, and Wanda Saner, SW continue to serve on the Advisory Council and the Statewide Providers Group for Services to People Who are Deaf, Hard of Hearing, Late Deafened, and DeafBlind for the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

In 2000-2001, Dr. Willis became Chair of the Advisory Council's subcommittee on substance abuse.

Dr. Haskins serves as Coordinator of the American Psychiatric Association's Caucus of Psychiatrists Working with Deaf and Hard of Hearing Persons.

Nursing students from UVA and Piedmont CC rotated on our unit.

Dr. Willis is communicating with Gallaudet University, Department of Psychology to designate MHCD as a training site for diagnostic and practicum clinical psychology graduate students.

MHCD PATIENT PROFILE

OVERALL PROFILE - FY 2001

- 30 direct admissions
- 22 transfers
- 45 discharges
- 4 transfers to other wards
- 2 patients admitted twice

- 7 remained on the MHCD unit all year

Hearing Status

Deaf	32
Hearing	29
Hard of Hearing	4
Deafblind	1

(The data below excludes hearing patients)

Language Skills

Manual Communication (including ASL)	24
Minimal Language Skills	5
Oral	8

Physical Comorbidity

Visually Impaired/Blind	2
Infections	
Hepatitis C	2
Hepatitis B	2
AIDS	1
Neurological	
Epilepsy	2
Cerebral Palsy	4
Waardenburg Syndrome	2
TORCH Syndrome	1
Addison's Disease	1

DISCHARGES

At the end of 2001:

22 patients on the ward

7 remained on the MHCD unit all year

- 4 forensic patients ineligible for discharge
- 1 with AIDS for whom no community placement could be found.

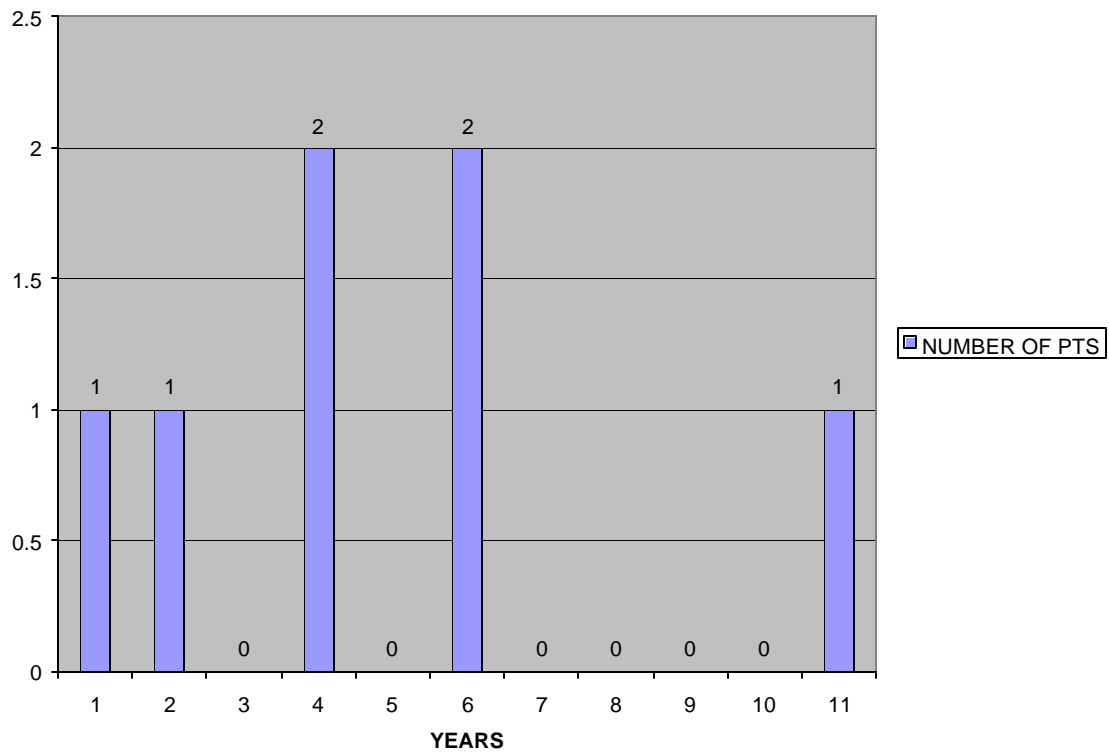
a. LENGTH OF STAY

LOS FOR PATIENTS ADMITTED AND DISCHARGED DURING FY 01 See graph

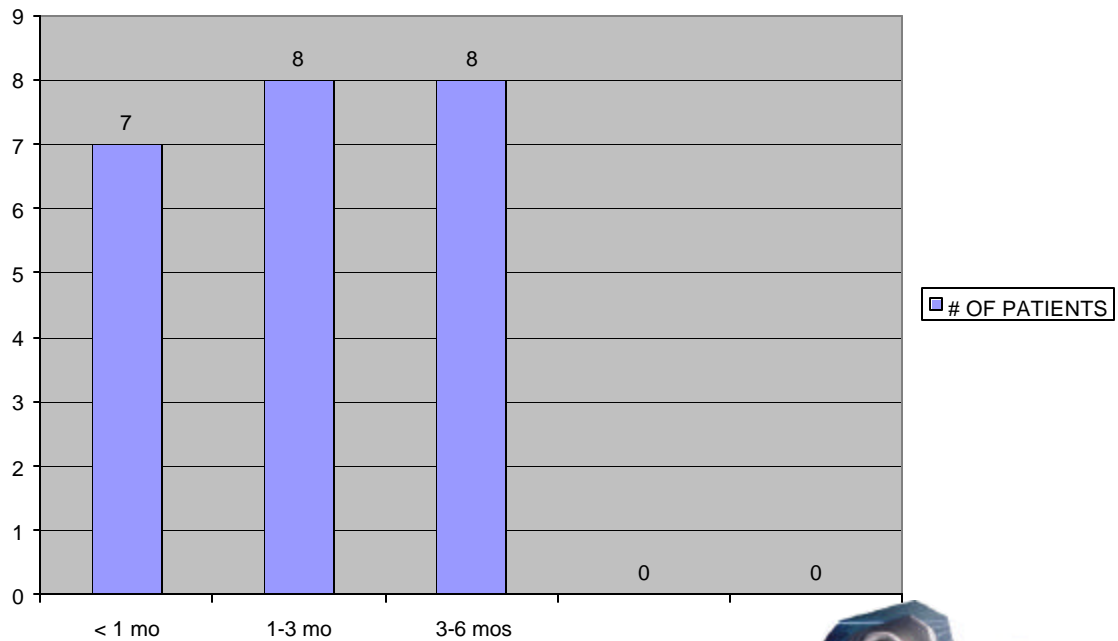
LOS OF PATIENTS DISCHARGED IN FY 01 BUT ADMITTED IN PREVIOUS YEARS
See graph

LENGTH OF STAY FOR PATIENTS CONTINUOUSLY ON WARD ALL YEAR See graph

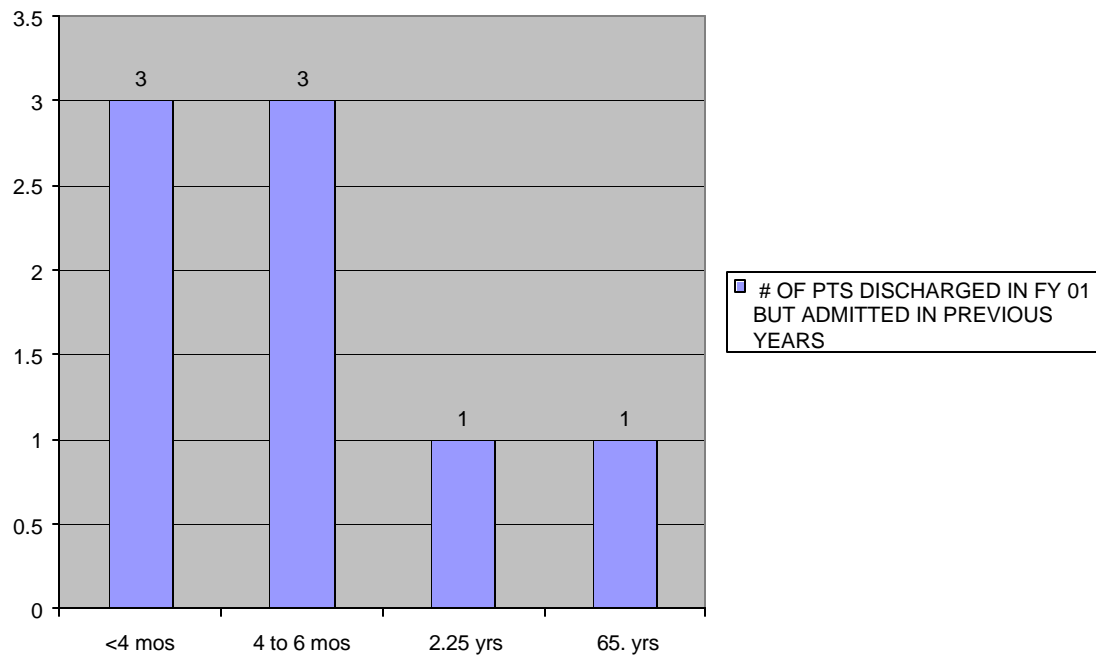
LENGTH OF STAY FOR PTS CONTINUOUSLY ON WARD ALL YEAR



LOS FOR PTS ADMITTED AND DISCHARGED DURING FY 01



LOS OF PTS DISCHARGED IN FY 01 BUT ADMITTED IN PREVIOUS YEARS



STATEWIDE PROGRAMS

DAY AND RESIDENTIAL PROGRAM FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING

HAMPTON/NEWPORT NEWS CSB

The mission of the Hampton-Newport News Community Services Board Mental Health Programs for people who are deaf, hard of hearing, late deafened, or deaf-blind is to make culturally affirmative services available to individuals throughout the Commonwealth. These services are designed to address specific cultural and communication needs by taking every effort to reduce environmental and communication barriers that would interfere with effective delivery of mental health services.

2000-2001 Accomplishments

- Program Growth:** 12 consumers (1998-1999)
20 consumers (2000-2001)
- Recent Admissions:** 4 from Chesapeake, Suffolk, Va. Beach, and Northern VA.
- Residence:** CSB Housing, Adult Homes, Private Homes.
- Sign Language Classes:** Weekly for the staff in the Day Program, Creative Options Program (MR), Residential Program and other interested Case Managers.
- Deaf Counselor:** Regional Coordinator works with Deaf Members of the Psycho-Social program.



STATEWIDE PROGRAMS

INTERPRETER REIMBURSEMENT PROGRAM

Region	Amount Billed
CO	\$13,099.02
I	\$4,749.60
II	\$22,080.01
III	\$9,265.32
IV	\$3,851.98
V	\$6,954.07
Total	\$60,000.00

The two tables on this page report the first two full years (FY 2000-01) of Interpreter Reimbursement Program activity broken down by region.

The table to the left shows interpreter reimbursements made to each region. The second table, below, shows the community services boards that have taken advantage of the 50% reimbursement available from the Department.

Region	Organization Name
CO	Central Office, DMHMRSAS
I	Rappahannock Area CSB
I	Rappahannock-Rapidan CSB
I	Valley CSB
II	Fairfax/Falls Church CSB
III	Blue Ridge Behavioral Healthcare
III	Central Virginia Community Services
III	Cumberland Mountain Community Services
III	Danville-Pittsylvania Community Services
III	Highlands Community Services
III	New River Valley Community Services Board
IV	Chesterfield CSB
IV	Richmond Behavioral Health Authority
IV	Virginia Treatment Center for Children
V	Chesapeake CSB
V	Hampton-Newport News CSB
V	Middle Peninsula-Northern Neck CSB
V	Norfolk CSB
V	Virginia Beach CSB



Finally, the third table, below, shows the amount billed for each service provided in each region. The “Other” category includes treatment groups and essential meetings and trainings for CSB staff and community members.

Region	Amount Billed	Service Provided
CO	\$10,880.02	Advisory Council Meeting
CO	\$773.26	Other (Specify)
CO	\$1,445.74	Provider Meeting
I	\$30.00	Emergency
I	\$247.60	Intake
I	\$752.00	Psychiatric
I	\$3,720.00	Twelve Step Programs
II	\$49.25	Case Management
II	\$98.98	Emergency
II	\$792.36	Intake
II	\$4,249.62	Other (Specify)
II	\$4,273.49	Psychiatric
II	\$2,393.86	Psychosocial Services
II	\$8,698.62	Residential Services
II	\$1,523.83	Therapy
III	\$2,611.93	Case Management
III	\$123.49	Emergency
III	\$238.91	Intake
III	\$3,291.77	Other (Specify)
III	\$173.22	Psychiatric
III	\$830.17	Psychosocial Services
III	\$60.50	Residential Services
III	\$1,777.44	Therapy
III	\$157.89	Twelve Step Programs
IV	\$1,738.58	Case Management
IV	\$98.00	Emergency
IV	\$67.50	Other (Specify)
IV	\$442.56	Psychiatric
IV	\$1,505.34	Therapy
V	\$78.75	Case Management
V	\$111.20	Intake
V	\$122.98	Other (Specify)
V	\$447.51	Psychiatric
V	\$3,020.07	Psychosocial Services
V	\$3,173.56	Therapy
Total	\$60,000.00	



STATEWIDE PROGRAMS

STATEWIDE COORDINATOR OF SERVICES FOR PEOPLE WHO ARE DEAF, HARD OF HEARING, LATE DEAFENED, OR DEAFBLIND

With a strong base of stable specialized services in the Commonwealth serving people who are deaf, hard of hearing, late deafened, and deafblind, the State Coordinator concentrated on developing policy and resources during this biennium to ensure continuity of cultural and cross-cultural care at facilities and community services boards.

First, a revision of an existing Departmental Instruction 209 (RTS) 02 for Deaf Services at mental health facilities and training centers was prepared. This revision describes how appropriate services should be provided to this inpatient population;

Second, a new Performance Contract Attachment 5.4.4. was prepared and approved for inclusion starting with the FY 2002 DMHMRSAS Performance Contracts with Community Services Boards. This policy succinctly describes how services and care should be coordinated in the community for this population;

Third, to support the Performance Contract policy language, a *Recommended Practices and Resource Guide* was prepared and disseminated from the Department to 200 Community Services Board executive, mental health, mental retardation, substance abuse directors, and emergency managers, statewide.

In 2000-01, the State Coordinator, in addition to providing technical assistance to providers, parents, and consumers throughout the Commonwealth, worked on improving the Deaf Statewide Program website (<http://www.dmhmrzas.state.va.us/MH/Deaf/DHOH.asp>), establishing a state telemental health program, providing guidelines for a new regional consumer and family involvement initiative (See Appendix II), providing support to the Advisory Council and two subcommittees: Substance Abuse and Children and Adolescents. Data was gathered from a range of sources on services to adults and children, and adolescents.



APPENDICES

Appendix I. Advisory Council Member List

Appendix II. Consumer and Family Involvement Project



APPENDIX I: ADVISORY COUNCIL MEMBER LIST

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APPENDIX II: CONSUMER AND FAMILY INVOLVEMENT PROJECT

COMMONWEALTH of VIRGINIA

*Department of
Mental Health, Mental Retardation and Substance Abuse Services
Post Office Box 1797*

Richmond, Virginia 23218-1797

October 19, 2001

For Immediate Release

Contact: Martha Mead

Phone: 804-786-9048

Consumer and Family Involvement Projects for People who are Deaf or Hard of Hearing, Late Deafened or Deafblind

The Department of Mental Health, Mental Retardation and Substance Abuse Services has initiated six consumer and family involvement projects around the Commonwealth specifically for people who are deaf, hard of hearing, late deafened, or deafblind and who have a mental illness or substance abuse problem. The goal of the projects is to provide opportunities for discussion and interaction among consumers and family members about the needs and strengths of the individuals and their families. The Department wants to provide opportunities for people who are deaf and hard of hearing and their families to become more involved and knowledgeable about mental illness and substance abuse.

Each of the six regional programs received \$10,000 to initiate a local effort to provide mental health and substance abuse prevention education and training to individuals and their families. The program offices are located in Fairfax, Richmond, Staunton, Lebanon, Roanoke, and Hampton/Newport News. Each collaborative project will involve mental health providers, the centers for independent living, the local chapter of consumer and family groups, local chapters of deaf and hard of hearing consumer advocacy and support groups, and other service providers and local educators. The groups will work together to determine how they can best organize their efforts to help consumers and families in their regions.

The projects will provide education and training in mental health, substance abuse prevention, consumer leadership, and protection of human rights. Local mental health community groups and substance abuse prevention staff and trainers will be involved to assist in the development of these training opportunities.

For more information about the project in your area, contact:

